

Links to key analyses and Regulation serving as basis to elaborate the European Commission's position on the European Regional Development Fund (ERDF) investments in health, which is about prioritising the primary care, ambulatory care and deinstitutionalisation. All the below documents highlight the need to finance and develop strong primary care. When it comes to the hospital sector, as confirmed below it is above all in a need of an urgent reform. Thus a decision to support the hospital sector under the Recovery and Resilience Plan (RRP), while focus cohesion policy funds on lower levels of care, to ensure comprehensive support from different EU funding. Some support to hospitals is still possible from the ERDF but only if it contributes to reversing the pyramid of care, to support the RRP reform.

1) ERDF Regulation art.3.1.d (v) :

“Ensuring equal access to health care and fostering resilience of health systems, including primary care, and promoting the transition from institutional to family-based and community-based care;”

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R1058&from=EN>

2) Country Report for Poland 2019 (extracts):

“Improving the efficiency and co-ordination of healthcare remain priorities. The system is characterised by low efficiency of spending, high dependency on hospital care, underdeveloped primary care, lack of medical practitioners with certain specialisations, long waiting lists, and an inefficient referral system. Recent reform attempts have not been completed.”

“The health care system remains overly hospital based, but strengthening of primary and ambulatory care has started. Health resources are unevenly spread across regions. Poland has developed maps of healthcare needs, but they have not yet become tools for supporting decisions on purchasing of health services and investments. Primary and ambulatory care are underdeveloped and lack resources, requiring further investments.”

Country Report Annex D (extracts):

“Health system is too hospital-centred and lacks effective coordination.”

"- support transition from hospital/institutional care to affordable and quality home-care and community-based services and coordination of healthcare, social care and long-term care;

- foster equal access to affordable healthcare services, particularly for vulnerable groups, strengthening primary care, integration of care, health promotion, disease prevention and digital health solutions;”

https://ec.europa.eu/info/sites/default/files/file_import/2019-european-semester-country-report-poland_en.pdf

3) Country specific recommendations (CSR) for Poland 2019 (extracts):

“The health care system remains overly hospital-based and primary and ambulatory care remain underdeveloped.”

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019DC0521&from=EN>

4) Country Report for Poland 2020 (extracts):

“Key challenges regarding the allocation of resources include the underdevelopment of primary care, placing a burden on hospitals.”

“There is scope for more efficient use of resources in the hospital sector. In 2017, over one third (34%) of health expenditure was spent on inpatient care, representing one of the highest shares in the EU. The number of hospital beds is high, with 6.6 beds per 1,000 population in 2017 compared to an EU average of 5.0, but they are unevenly distributed across the country and have low occupancy rates (66% compared to 77.5% in the EU, Eurostat data). The hospital network, introduced in October 2017, encompassed 600 out of over 900 hospitals and was supposed to shorten waiting times and provide comprehensive treatment. This has not been achieved and the financial situation of hospitals has worsened. The debt carried by hospitals was PLN 14 billion in June 2019.

Many medical procedures currently performed in hospitals could be done outside hospitals at lower costs. Certain diagnostics, specialist care and rehabilitation procedures are unnecessarily carried out in hospitals for reasons related to financial incentives built into the health system. Factors limiting accessibility, such as long waiting times, make some patients use the emergency wards, even if not strictly needed, thus overloading them. Numerous programmes to improve care coordination are being piloted, including for oncology patients and new programmes. Poland started the procedure of including Daily Homes of Medical Care services in the National Health Fund contracting. New primary healthcare solutions have been tested since July 2018, within a pilot Primary Health Care PLUS project with a view to introducing changes to the health system. Community Centres for Mental Health have been piloted since 2018 with a view to ensuring availability of services all across the country. It is important that lessons learnt from these pilots are used to develop the services and roll them out to the rest of the country.

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020SC0520&from=EN>

5) CSR for Poland 2020 (extracts):

“Public health, e-health and primary care, which are crucial to improve prevention and access, and to make the system resilient to future challenges, remain underdeveloped.”

“Improve resilience, accessibility and effectiveness of the health system, including by providing sufficient resources and accelerating the deployment of e-health services.”

6) Poland: Country Health Profile 2021

“Poland’s health care system is affected by large imbalances in the provision of services, with infrastructure concentrated in the hospital sector; insufficient provision of outpatient care, diagnostics and long-term care; and weak coordination between inpatient and other care.”

“Poland’s hospitalisation rates for conditions that could have been effectively managed in outpatient settings are among the highest in the EU. These high rates point to deficiencies in the provision of primary and outpatient specialist care. Since 2018, a new organisational model has strengthened the role of primary health care in management of the 11 most prevalent chronic conditions – including chronic heart failure and diabetes – and is expected to contribute to reducing avoidable hospitalisation rates.”

<https://read.oecd.org/10.1787/e836525a-en?format=pdf>

7) Semester Cycle 2021 - no Country Report and no CSR, instead RRP prepared.

Proposal for a COUNCIL IMPLEMENTING DECISION on the approval of the assessment of the Recovery and Resilience Plan for Poland

“The RRP contributes to addressing a number of challenges to enhance territorial and social cohesion, mainly through efforts to modernise and increase access to hospital care (...).”

https://ec.europa.eu/info/system/files/com_2022_268_1_en.pdf

Annex to the Proposal for a Council Implementing Decision on the approval of the assessment of the Recovery and Resilience Plan for Poland (extracts):

“The hospital sector is in an urgent need of reform complemented by targeted investments. Some hospitals run substantial debts and with low occupancy rates, while many medical procedures currently performed in hospitals could be done at lower levels of care and at lower costs. The primary care system is underfunded, understaffed and overstretching its services.”

“The objective of the reform is to introduce comprehensive measures consisting in the restructuring of public hospitals”

https://ec.europa.eu/info/system/files/com_2022_268_1_annex_en.pdf

Commission Staff Working Document: Analysis of the Recovery and Resilience Plan for Poland

“Strong reform commitment, especially in primary care and the hospital sector, is needed to bring sustainable results. Other parts of the healthcare system with challenges addressed in the CSR and crucial to improving prevention, access and the system resilience (such as primary care), will be supported by other sources of investment financing, including the Cohesion Policy Funds.”

https://ec.europa.eu/info/system/files/swd_2022_161_2_en.pdf

8) Country Report for Poland 2022 (extracts):

https://ec.europa.eu/info/system/files/2022-european-semester-country-report-poland_en.pdf

“**The healthcare system faces efficiency and resources availability challenges while remaining excessively hospital-centric.** Shifting towards primary and ambulatory care is of particular importance, as healthcare spending is expected to grow considerably in the medium to long term, increasing public expenditure. The primary care system remains understaffed and its services are overstretched. Its potential remains untapped thus overburdening higher levels of care. Some hospitals have run up substantial debts and have low occupancy rates, while many medical procedures currently performed in hospitals could be done at lower levels of care and at lower costs. At the same time, the hospital system faces chronic underfunding and deficiencies in supervisory mechanisms, which all calls for comprehensive reform.”

9) CSR for Poland 2022 (extracts):

“The primary care system is understaffed, and its services are overstretched. Its potential remains untapped thus overburdening higher levels of care.”

“Improve the resilience, accessibility and effectiveness of the health system, including by providing sufficient resources to reverse the pyramid of care and accelerating the deployment of e-health services.”

https://ec.europa.eu/info/system/files/2022-european-semester-csr-poland_en.pdf